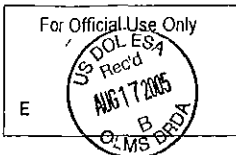


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11453</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 2004</u>
3. Name and address of person filing. Name <u>Gabriel M Rosetti SR</u> P.O. Box, Bldg., Room No., if any <u>7051 Suite A</u> Street <u>PLY ROAD</u> City <u>EAST SYRACUSE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>13057</u>	4. Name, file number, and address of labor organization. Name <u>CONSTRUCTION GENERAL LABORERS 633</u> Labor Organization File Number <u>542-966</u> P.O. Box, Building and Room Number, if any <u>7051 Suite A</u> Street <u>PLY ROAD</u> City <u>EAST SYRACUSE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>13057</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

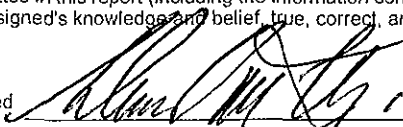
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-12-05

Date

315-471-1591

Telephone Number

Name of Person Filing

Gabriel M. Rosetti JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: ONONDAGA COUNTY LABORERS' HEALTH WELFARE, PERSONAL ANNUITY AND TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: 7051Street: FLY ROADCity: EAST STARBUCEState: NEW YORK ZIP Code + 4: 13057

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

11.a. Nature of such dealing.

To Provide Health & Personal And  
TRAINING FOR PARTICIPANTS OF THE  
FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attending Educational Conferences  
and Round Meetings.

(SEE ATTACHED)

12.b. Amount:

\$ 7073.21

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

# 2004 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabriel M. Rosetti, Jr. Business Manager	1/22/2004	\$351.50	Airfare for IFEBP Educational Conference Feb 21-25, 2004 - Orlando, FL
	2/12/2004	\$2,100.00	Lodging, Car Rental and Meal Expenses IFEBP Educational Conference Orlando, FL - Feb 21-25, 2004
	3/9/2004	\$347.81	Lodging, Car Rental and Meal Expenses IFEBP Educational Conference Orlando, FL Feb 21-25, 2004
	Subtotal:	\$2,799.31	
	1/12/2004	\$2,450.00	Lodging, Car Rental and Meal Expenses Tri-Fund Conference Jan 17-23, 2004 Orlando, FL
	1/30/2004	(\$1,934.71)	Refund
		\$515.29	
	Subtotal:	\$515.29	
	3/16/2004	\$26.16	Board of Trustees Meeting Mar 2, 2004 Meals - Wyndham Hotel
	6/25/2004	\$26.60	Board of Trustees Meeting May 18, 2004 Meals - Wyndham Hotel
	9/1/2004	\$613.69	Board of Trustees Meeting Lodging & Meals -Riveredge Hotel August 8 - 11, 2004
	12/21/2004	\$29.18	Board of Trustees Meeting Nov 23, 2004 Meals - Wyndham Hotel

2004 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Gabe Rosetti, Jr. Business Manager	4/23/2004	\$915.00	Registration IFEBP Annual Conference Sept 20-22, 2004 - New Orleans
	10/16/2004	(\$915.00)	Refund - Conference Cancelled
	4/23/2004	\$243.90	Airfare for IFEBP Annual Conference
	4/23/2004	\$220.35	Hotel Deposit - IFEBP Annual Conference
Note: Gabe received a \$200.00 refund from the cancelled ticket - It was applied to future conference airfare			
	Subtotal:	\$464.25	
	8/30/2004	\$725.00	Registration NCCMP Conference Nov 29-Dec 1- 2004 Lake Buena Vista, FL
	9/16/2004	\$216.80	Airfare - NCCMP Conference Nov 27-Dec 1, 2004
	11/18/2004	\$1,750.00	Lodging, Car Rental and Meal Expenses NCCMP Conference Nov. 27-Dec 1, 2004
	12/6/2004	(\$142.35)	Refund
	Subtotal:	\$2,549.45	
	4/30/2004	\$17.00	Training Fund Class Expense
	12/16/2004	\$32.28	Luncheon for Office Fund Staff and Board of Trustees

# 2004 EXPENSES

Name:			Date of Payment		Amount of Payment		Explanation of Expenditure				
Gabe Rosetti, Jr.											
Business Manager											
		2004	Grand Total:		\$7,073.21		January 1 through December 31, 2004				

Name of Person Filing <u>GABRIEL M. ROSETTI JR.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>NEW YORK STATE LABORERS LOCAL 18</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <u>18</u>  Street <u>CORPORATE WOOD BOULEVARD</u>  City <u>ALBANY</u>  State <u>NEW YORK</u> ZIP Code + 4 <u>12211</u>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <u>LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST LOCAL 18. SECURES PROTECTS AND FOSTERS INCREASES UNION LOCAL MARKET SHARE, ADVERTISES THEIR SERVICES AND DEVELOPS WORK FORCE</u>  11.b. Approximate dollar value of such dealing. _____  12.a. Nature of interest held or income received. <u>HODGING AND TRANSPORTATION MONIES FOR MEETINGS AS A TRUSTEE</u>  12.b. Amount. <u>2533.21</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	14.a. Nature of payment.  _____  _____  _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing

Gabriel M. Kasett, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OPPENHEIMER CAPITAL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1345Street AVENUE OF THE AMERICANSCity NEW YORKState NEW YORK ZIP Code + 4 10105-4800

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ONDONAGA COUNTY HARBOR PENAL  
HEALTH CARE MANAGER TRAINING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7051Street FLY ROADCity EAST SYRACUSEState NEW YORK ZIP Code + 4 13057

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER FOR TRUSTEES AND  
OTHER INVITED GUESTS  
849.04

12.b. Amount.

UNKNOWN

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Gabriel M. Rosetti JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name J. P. Jeanneret Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 100

Street EAST WASHINGTON ST.

City SYRACUSE

State New York ZIP Code + 4 13202

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Onondaga County Laborers' Union  
Health Welfare, Pension and Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7051

Street FLY ROAD

City EAST SYRACUSE

State N.Y. ZIP Code + 4 13057

11.a. Nature of such dealing.

INVESTMENT  
MANAGER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER FOR TRUSTEES AND  
OTHER GUESTS 8-10-04

12.b. Amount.

UNKNOWN

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.



Name of Person Filing Gabriel M. Rosetti JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: QCI Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 40 AStreet: Grove StreetCity: Pitts FordState: New York ZIP Code + 4 14534

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Onondaga County Laboring' Person  
Health Union, Health and Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 7051Street: FLY RoadCity: EAST SYRACUSEState: New York ZIP Code + 4 13057

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DIVIDEND FOR ATTENDING TRUSTEES  
AND OTHER PROVIDENT. 8-8-04

12.b. Amount:

UNKNOWN

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State: ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



August 12, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, N.W.  
Room N-5616  
Washington, DC 20210

RE: Form LM-30 Filing for Gabriel M. Rosetti, Jr., Labor Organization File No. 542-966

Dear Sir or Madam,

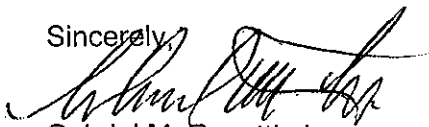
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Gabriel M. Rosetti, Jr.